

Entered -3-15-01 - sb
CL 00L0177 - GWENDOLYN BURNS

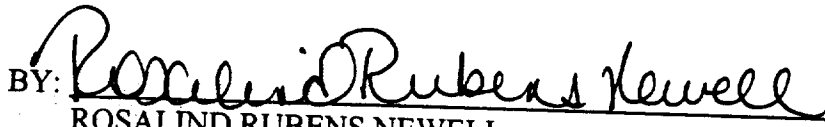
01- R-1850

CLAIM OF:

JOANNA JOHNSON
1091 St. Charles Place, NE
Atlanta, Georgia 30306

For property damages alleged to have been sustained when a hole was created in a sidewalk during a tree removal project on February 5, 2001 at 1091 St. Charles Place, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0177

Date: October 17, 2001

Claimant /Victim JOANNA JOHNSON
BY: (Atty) (Ins. Co.) _____
Address: 1091 St. Charles Place, NE, Atlanta, Georgia 30306
Subrogation: Claim for Property damage \$ unspecified Bodily Injury \$ _____
Date of Notice: 3/14/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/5/01 Place: 1091 St. Charles Place, NE
Department PARKS, RECREATION & CULTURAL AFFAIRS Division Parks
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained property damage when a limb fell and created a hole in the sidewalk during the City's removal of a dead tree. However, City forces will be used to repair the damaged sidewalk.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

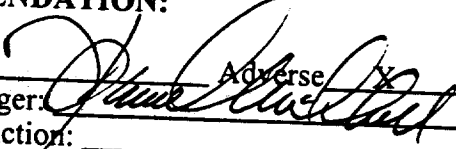
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces X
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X
Claims Manager:  Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Committee Action: _____ Concur/date 10-31-01
Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335

RECEIVED MAR 12 2001

RE: CLAIM FOR DAMAGES

Today's Date: 3/4/01

BURNS
03/14/01

Dear Clerk of Council:

ENTERED - 3-15-01 - SB
01L0177 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ and / or \$ _____ bodily injury for which I contend the City is liable. _____ property

1. Date of incident: 2/5/01
(Month / Day / Year)

2. Police called: _____
Yes ☒ No ☐

3. Location of incident: 1091 St Charles Pl Atlanta, GA 30306

4. Name of your insurance company: _____ Policy No. _____

5. State what and how incident occurred: Damage in the form of a hole in the sidewalk occurred when the Parks Department removed a dead tree from the easement at 1091 St. Charles Pl.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your Vehicle: _____
(Make) (Year) (Tag number) (Driver's name)

City Vehicle: _____
(Make) (City driver's name) (Department/Bureau)

8. Witness: Elizabeth B Coyle 1117 St. Charles Pl 404-685-9958
(Name) (Address) (Telephone number)

9. The acknowledgment of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

MISS JOANNA JOHNSON
(Claimant's name)

1091 ST CHARLES PL N.E.
(Address)

1091 ST CHARLES PL N.E.
(City and State)

404-576-0561 SAME
(Work telephone) (Home telephone)

att. 30306-4522